

## CLAIMS ONLY

Application Number

Filing Date

**Applicant(s)**

| CLAIMS       | AS FILED |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|
|              | Indep    | Depend | Indep                 | Depend | Indep                  | Depend |
| 1            |          |        |                       |        |                        |        |
| 2            |          |        |                       |        |                        |        |
| 3            |          |        |                       |        |                        |        |
| 4            |          |        |                       |        |                        |        |
| 5            |          |        |                       |        |                        |        |
| 6            |          |        |                       |        |                        |        |
| 7            |          |        |                       |        |                        |        |
| 8            |          |        |                       |        |                        |        |
| 9            |          |        |                       |        |                        |        |
| 10           |          |        |                       |        |                        |        |
| 11           |          |        |                       |        |                        |        |
| 12           |          |        |                       |        |                        |        |
| 13           |          |        |                       |        |                        |        |
| 14           |          |        |                       |        |                        |        |
| 15           |          |        |                       |        |                        |        |
| 16           |          |        |                       |        |                        |        |
| 17           |          |        |                       |        |                        |        |
| 18           |          |        |                       |        |                        |        |
| 19           |          |        |                       |        |                        |        |
| 20           |          |        |                       |        |                        |        |
| 21           |          |        |                       |        |                        |        |
| 22           |          |        |                       |        |                        |        |
| 23           |          |        |                       |        |                        |        |
| 24           |          |        |                       |        |                        |        |
| 25           |          |        |                       |        |                        |        |
| 26           |          |        |                       |        |                        |        |
| 27           |          |        |                       |        |                        |        |
| 28           |          |        |                       |        |                        |        |
| 29           |          |        |                       |        |                        |        |
| 30           |          |        |                       |        |                        |        |
| 31           |          |        |                       |        |                        |        |
| 32           |          |        |                       |        |                        |        |
| 33           |          |        |                       |        |                        |        |
| 34           |          |        |                       |        |                        |        |
| 35           |          |        |                       |        |                        |        |
| 36           |          |        |                       |        |                        |        |
| 37           |          |        |                       |        |                        |        |
| 38           |          |        |                       |        |                        |        |
| 39           |          |        |                       |        |                        |        |
| 40           |          |        |                       |        |                        |        |
| 41           |          |        |                       |        |                        |        |
| 42           |          |        |                       |        |                        |        |
| 43           |          |        |                       |        |                        |        |
| 44           |          |        |                       |        |                        |        |
| 45           |          |        |                       |        |                        |        |
| 46           |          |        |                       |        |                        |        |
| 47           |          |        |                       |        |                        |        |
| 48           |          |        |                       |        |                        |        |
| 49           |          |        |                       |        |                        |        |
| 50           |          |        |                       |        |                        |        |
| Total Indep  |          |        |                       |        |                        |        |
| Total Depend |          |        |                       |        |                        |        |
| Total Claims |          |        |                       |        |                        |        |

  

| * May be used for additional claims or amendments |       |        |       |        |       |        |
|---|-------|--------|-------|--------|-------|--------|
|   | Indep | Depend | Indep | Depend | Indep | Depend |
| 51  |       |        |       |        |       |        |
| 52  |       |        |       |        |       |        |
| 53  |       |        |       |        |       |        |
| 54  |       |        |       |        |       |        |
| 55  |       |        |       |        |       |        |
| 56  |       |        |       |        |       |        |
| 57  |       |        |       |        |       |        |
| 58  |       |        |       |        |       |        |
| 59  |       |        |       |        |       |        |
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| 62  |       |        |       |        |       |        |
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| 72  |       |        |       |        |       |        |
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| 74  |       |        |       |        |       |        |
| 75  |       |        |       |        |       |        |
| 76  |       |        |       |        |       |        |
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| 84  |       |        |       |        |       |        |
| 85  |       |        |       |        |       |        |
| 86  |       |        |       |        |       |        |
| 87  |       |        |       |        |       |        |
| 88  |       |        |       |        |       |        |
| 89  |       |        |       |        |       |        |
| 90  |       |        |       |        |       |        |
| 91  |       |        |       |        |       |        |
| 92  |       |        |       |        |       |        |
| 93  |       |        |       |        |       |        |
| 94  |       |        |       |        |       |        |
| 95  |       |        |       |        |       |        |
| 96  |       |        |       |        |       |        |
| 97  |       |        |       |        |       |        |
| 98  |       |        |       |        |       |        |
| 99  |       |        |       |        |       |        |
| 100   |       |        |       |        |       |        |
| Total Indep                                       |       |        |       |        |       |        |
| Total Depend                                      |       |        |       |        |       |        |
| Total Claims                                      |       |        |       |        |       |        |

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|--------|----------|--------|-----------------------|--------|------------------------|--------|
|        | Indep    | Depend | Indep                 | Depend | Indep                  | Depend |
| 101    |          |        |                       |        |                        |        |
| 102    |          |        |                       |        |                        |        |
| 103    |          |        |                       |        |                        |        |
| 104    |          |        |                       |        |                        |        |
| 105    |          |        |                       |        |                        |        |
| 106    |          |        |                       |        |                        |        |
| 7      |          |        |                       |        |                        |        |
| 8      |          |        |                       |        |                        |        |
| 9      |          |        |                       |        |                        |        |
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| 45     |          |        |                       |        |                        |        |
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| 49     |          |        |                       |        |                        |        |
| 50     |          |        |                       |        |                        |        |
| Total  |          |        |                       |        |                        |        |
| Indep  |          |        |                       |        |                        |        |
| Total  |          |        |                       |        |                        |        |
| Depend |          |        |                       |        |                        |        |
| Total  |          |        |                       |        |                        |        |
| Claims |          |        |                       |        |                        |        |

  

|        | AS FILED |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        |
|--------|----------|--------|-----------------------|--------|------------------------|--------|
|        | Indep    | Depend | Indep                 | Depend | Indep                  | Depend |
| 51     |          |        |                       |        |                        |        |
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| 57     |          |        |                       |        |                        |        |
| 58     |          |        |                       |        |                        |        |
| 59     |          |        |                       |        |                        |        |
| 60     |          |        |                       |        |                        |        |
| 61     |          |        |                       |        |                        |        |
| 62     |          |        |                       |        |                        |        |
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| 73     |          |        |                       |        |                        |        |
| 74     |          |        |                       |        |                        |        |
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| 91     |          |        |                       |        |                        |        |
| 92     |          |        |                       |        |                        |        |
| 93     |          |        |                       |        |                        |        |
| 94     |          |        |                       |        |                        |        |
| 95     |          |        |                       |        |                        |        |
| 96     |          |        |                       |        |                        |        |
| 97     |          |        |                       |        |                        |        |
| 98     |          |        |                       |        |                        |        |
| 99     |          |        |                       |        |                        |        |
| 100    |          |        |                       |        |                        |        |
| Total  |          |        |                       |        |                        |        |
| Indep  |          |        |                       |        |                        |        |
| Total  |          |        |                       |        |                        |        |
| Depend |          |        |                       |        |                        |        |
| Total  |          |        |                       |        |                        |        |
| Claims |          |        |                       |        |                        |        |

10  
135  
146